HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
email: ethics@hawaiiethics.org

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STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM
(Type or Print Clearly)

PART I LOBBYIST

NAME(Last)	(First)	(Middle)	TELEPHONE
KANE	'ELEU	W	441-6035

MAILING ADDRESS (Street)			FAX
1440 KAPIOLANI BLVD. STE 1020			1-866-706-5689

(City)	(State)	(Zip Code)	
Honolulu	HI	96814	

EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)	TELEPHONE

MAILING ADDRESS (Street)	FAX

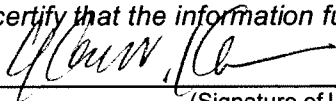| (City)	(State)	(Zip Code)

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)	TELEPHONE
SUMMERLIN LIFE & HEALTH INS. Co.	951-4645

MAILING ADDRESS (Street)	FAX
1440 KAPIOLANI BLVD STE 1020	1-866-706-5689

(City)	(State)	(Zip Code)
Honolulu	HI	96814

NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE

MAILING ADDRESS (Street)	FAX

(City)	(State)	(Zip Code)

RECEIVED BY U.S. MAIL

PART III   DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

Agriculture	Education	Human Services	Science, Technology & Economic Development
Communications & Public Utilities	Government Operations & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	Transportation
Culture, Arts, Historic Preservation	(Health)	Planning, Land & Water Use Management	Other: (indicate below)
Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections	

PART IV   CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

_____   2/20/07
(Signature of Lobbyist)   (Date)

PART V   AUTHORIZATION TO LOBBY

NAME   TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

Harris Nakamoto   VP/GM

NAME OF ORGANIZATION (if applicable)   TELEPHONE

Summerlin Life + Health Insurance   951-4625

MAILING ADDRESS (Street)   FAX

1440 Kapiolani Blvd Suite 1020   1-866-293-9664

(City)   (State)   (Zip Code)

Honolulu   HI   96814

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.

_____   2/20/07
(Signature of Authorizing Officer or Person Represented)   (Date)